



Repatriation Program Referral

Inmate's Name: _____ DOC #: _____ Date: _____

The above listed inmate is being referred to the Maryland Parole Commission for consideration for participation in the Repatriation Program. Attached is a current copy of the inmate's case plan and MD/NCIC warrant check.

This referral is subject to all requirements established in accordance with Division of Correction procedures.

REQUIREMENTS OF THE PROGRAM:

Prior to referral to the Maryland Parole Commission for consideration, the assigned case management specialist shall ensure the inmate meets the following criteria:

- * the inmate has no untried indictments of any kind, in any U.S. jurisdiction; and
- * the inmate is not serving a term of confinement that includes a conviction for a violent crime as defined in § 7-101 of the Correctional Services Article, ACM; and
- * the Division of Correction holds a current order for deportation from the United States; and
- * the inmate is serving a term of confinement for which the Maryland Parole Commission maintains release authority.

INMATE ACKNOWLEDGEMENT AND REQUEST FOR CONSIDERATION:

By my signature below I am requesting consideration for participation in the Repatriation Program. I acknowledge my understanding that:

- I am not a native or citizen of the United States, and I am in custody pursuant to a final conviction.
- Eligibility does not imply suitability or approval. In order to be released, I must be approved by the Division of Correction, Maryland Parole Commission (MPC), and the Office of Detention and Removal Operations (DRO).
- Approval will result in my release from incarceration for the expressed purpose of processing my deportation from the United States.
- If approved, I am required to maintain a satisfactory institutional adjustment record until my release. Failure to do so will jeopardize my opportunity to participate in the program.
- If approved, I am prohibited from returning to the United States or its territories. **Illegal reentry into the United States requires that I be returned to the Maryland Department of Public Safety and Correctional Services (DPSCS) to finish the remainder of my sentence.**
- Additionally, I will be subject to prosecution pursuant to Section 276 of the Immigration Nationality Act (INA), 8 U.S.C. §1326.
- I have freely and voluntarily waived my administrative and judicial appellate rights to extradition, and do not challenge removal, conviction or sentence.
- I agree to fully cooperate with Immigration & Customs Enforcement (ICE) to obtain a valid travel documentation and facilitate removal pursuant to INA §243(a)(1), 8 U.S.C. §1253(a)(1).

SIGNATURES:

Inmate

Date

Case Management Specialist

Date